

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8938 OF 22820  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**DCCC**

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address PO BOX 382110

City  
CAMBRIDGEState  
MAZip Code  
02238-2110FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CONDUIT TOTAL LISTED IN AGG. FIELD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650373.80

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 3 | 0 |   |   | 2 | 0 | 1 | 5 |   |   |

Transaction ID : VT4C3PM5N23E

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**NOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

Full Name (Last, First, Middle Initial)

**B. BRUCE W. HUMPHREY**

Mailing Address 1700 DELANEY AVE

City  
ORLANDOState  
FLZip Code  
32806-3002FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

FL HOSPITAL SYSTEMS

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 7 |   |   | 2 | 0 | 1 | 5 |   |   |

Transaction ID : VT4C3PN4PY8

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. DENNIS D. HUMPHREY**Mailing Address 1400 W HENDERSON RD  
APT 401City  
ANGLETONState  
TXZip Code  
77515-2813FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BROCK

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 0 | 1 |   |   | 2 | 0 | 1 | 5 |   |   |

Transaction ID : VT4C3PGFZJ1

Amount of Each Receipt this Period

5.00

\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

305.00